

Feedback Form

OPI Paraprofessional Consortium

Please take a few minutes to give feedback on this presentation.

Fax completed form to: Susan Bailey Anderson at OPI

406-444- 3924

or mail to her at PO Box 202501, Helena Mt 59620-2501

Title Orientation for Paraprofessionals

Date(s) viewed ____

Job title: ☐Special Educator ☐General Educator ☐Title I Educator ☐Administrator

☐Parent ☐Paraeducator- Special Ed ☐Paraeducator- Title I ☐ Paraeducator- General Ed

☐Related Service(PT,OT,SLP,Counselor) ☐Other: Please list: _____

Please evaluate the value of this presentation using the following scale.

	Strongly Disagree		Neutral		Strongly Agree
	1	2	3	4	5
1. The presentation content was appropriate and meaningful	1	2	3	4	5
2. Powerpoint was useful and understandable	1	2	3	4	5
3. Handouts/ materials were useful and understandable	1	2	3	4	5
4. This activity provided new knowledge and/or skills.	1	2	3	4	5
5. The activity provided the knowledge and skills to make a difference in my work	1	2	3	4	5
6. After viewing this presentation, I would like additional information on the topic	1	2	3	4	5
7. I will incorporate the proficiencies gained from this activity into my work	1	2	3	4	5
8. This activity has significantly affected my professional growth.	1	2	3	4	5

What strategies did you acquire from this activity that you might find useful in your work or perhaps intend to implement in your work

Comments/Suggestions for improvement:
